



## UNIVERSITY DISABILITY CONSORTIUM

*Physician Specialists for Disability Evaluation and Management*

August 17, 2005

Dan Connors  
Hartford Life  
P.O. Box 2999  
Hartford, CT 06104-2999

**RE: Claimant: Colleen Corcoran**  
**SS#: 070-72-2062**

### **MEDICAL RECORD REVIEW OF COLLEEN CORCORAN**

**INTRODUCTION:** Colleen Corcoran is a 29-year-old female.

The diagnosis is hyperemesis and sciatic nerve dysfunction.

The disability date is 7/21/04.

The purpose of the report is to define Ms. Corcoran's functional limitations from 7/24/04 through 10/17/04 and beyond.

**MEDICAL RECORD REVIEW:** Colleen Corcoran is a 29-year-old female. In February of 2003, the record reports that Ms. Corcoran was utilizing Paxil and Klonopin. She was treated for a buttock cyst.

On 5/20/04, gynecology records indicate that Ms. Corcoran had a pelvic pregnancy. Her EDC was 1/19/05.

By 6/29/04, the record reports that Ms. Corcoran had significant nausea and was unable to keep food down.

By 7/02/04, the record reports that Ms. Corcoran had a history of anxiety and depression treated with Paxil.

By 7/24/04, the record reports that Ms. Corcoran had severe nausea and vomiting that interfered with work. Ms. Corcoran requested a note that she had difficulty sitting due to nausea and vomiting.

A vaginal ultrasound revealed a placenta previa. The record documents the use of Reglan.

By August of 2004, the record reports that Ms. Corcoran continued to experience ongoing vomiting, symptoms of lower back pain I described in the record.

On 8/31/04, the record reports that Ms. Corcoran was planning to take a cruise and inquired about using Dramamine.

On 9/18/04, the record reports that Ms. Corcoran had back pain and sciatic pain. She continued to complain of nausea and vomiting. Chiropractic treatment was advised.

By 9/27/04, disability issues were discussed. The record indicates that Ms. Corcoran was utilizing an exercise ball.

On 11/11/04, Ms. Corcoran was evaluated for vomiting, abdominal and sciatic pain. The record reports that Ms. Corcoran reported left buttock, left inguinal and inner thigh pain that began after a vomiting episode. Ms. Corcoran reported that she was stressed at work. She is noted in the record to be hysterical. Ms. Corcoran was first evaluated in the outpatient labor room.

She was then referred to the Emergency Room. A diagnosis of sciatic and leg pain was made. Demerol was administered.

The record reports that Ms. Corcoran was under stress because of her job. By 11/18/04, the record reports that she had intermittent nausea and vomiting.

The record reports that Ms. Corcoran was seeing a chiropractor.

In December of 2004, the record reports that Ms. Corcoran had left hip pain and difficulty sleeping.

The record reports ongoing symptoms of abdominal pressure.

By January of 2005, the record reports that Ms. Corcoran had difficulty sleeping because of low back pain.

By January of 2005, another record reports that Ms. Corcoran had symptoms of intermittent cramping.

On 1/22/05, Ms. Corcoran delivered an 11 lb., 2.5 oz infant by Cesarean section.

By February of 2005, the record reports that Ms. Corcoran continued to experience lower backache. Symptoms of mild depression are outlined in the record.

By February of 2005, the record reports that Ms. Corcoran was obtaining psychiatric care. Other gynecological issues were discussed.

Laboratory records were reviewed.

The record includes a note signed by Dr. Romano, a chiropractor. The note indicates that Ms. Corcoran complained of neck, arm, low back and left sciatic pain during pregnancy. The record reports that the pain limited Ms. Corcoran's activities. Dr. Romano made a diagnosis of lumbar radiculitis due to sacroiliac and lumbar dysfunction, cervical myofasciitis and cervical

dysfunction. Treatment consisted of chiropractic. Dr. Romano indicated that he expected symptoms to worsen with continued pregnancy.

The record includes a letter signed by Dr. Romano, dated 12/30/04. The letter states that Ms. Corcoran had complaints of neck, arm, low back and left leg pain. Dr. Romano states that he treated Ms. Corcoran on 9/20, 9/23 and 9/27/04. Dr. Romano stated that treatment was discontinued because treatment did not result in a permanent reduction of symptoms.

Chiropractic records are reviewed.

Massage therapy records are reviewed. These document treatment with massage therapy from July through December. The record reports that treatment was discontinued due to financial difficulties.

Obstetrical ultrasound records are reviewed.

The record includes a letter signed by Dr. Atkinson dated 11/29/04. Dr. Atkinson states that Ms. Corcoran has had back pain and sciatic pain throughout her pregnancy. The record reports that treatment with heat, massage and acupuncture were recommended.

The record includes a letter signed by Dr. Atkinson dated 12/14/04. This letter states that Ms. Corcoran was out of work due to nausea and vomiting. Reglan was described. The record indicates that in August and September Ms. Corcoran continued to have a backache, sciatic pain, nausea and vomiting. The record indicates there was no improvement with chiropractic. Ms. Corcoran noted ongoing sciatic pain in October and November along with symptoms of nausea and vomiting.

The record includes a letter signed by Dr. Atkinson, dated 3/07/05. This letter states that Ms. Corcoran was placed on medical leave, due to nausea and vomiting, treated with Reglan. The record indicates that Ms. Corcoran had hip pain and sciatic pain but was willing to work part-time with accommodation of stretching when needed. The record indicates that Ms. Corcoran

delivered an 11 lb. infant on 1/22/05. The letter states that from November through the rest of pregnancy Ms. Corcoran continued to have pain, nausea and vomiting.

A return to work note dated 9/17/04 was reviewed. This note states that Ms. Corcoran wished to return to work for four hours a day.

An intake assessment form was reviewed. This form describes a diagnosis of major depression.

The record includes psychological handwritten records. These detailed stress at work, frequent anxiety and panic attacks. Prozac was prescribed.

Claim forms for disability benefits dated 2/07/05, 9/17/04, 8/16/04, 7/02/04, 8/13/04 and 9/17/04 is reviewed.

A certification of a health care provider, dated 8/16/04 is reviewed. This states that Ms. Corcoran had hyperemesis. She needed to get up and walk every two hours due to her back pain.

A certification of a health care provider dated 9/20/04 is reviewed. This form states that Ms. Corcoran was incapacitated due to severe nausea.

Social Security records dated 12/10/04 are reviewed. This note states that Ms. Corcoran is unable to sit due to left sciatica and hip pain. Ms. Corcoran was advised not to return to full duty as of 8/16/04.

An Attending Physician's Statement of Disability dated 10/24/04 is reviewed. This letter states that Ms. Corcoran could work four hours a day with the ability to change posture when needed. She was thought to be limited by sciatic pain and depression.

**OBJECTIVE DATA:** The record does not include any objective data.

**ATTEMPTS TO CONTACT TREATING PHYSICIANS:** On 8/4, I contacted Dr. Romano. I had the opportunity to speak with Dr. Romano on that date.

The following is an account of our conversation.

Dr. Romano indicated that Ms. Corcoran had low back and left leg pain. Dr. Romano's diagnosis was sacroiliac joint and lumbar dysfunction during pregnancy. Treatment dates were 9/20, 9/23 and 9/27/04.

Dr. Romano reported that Ms. Corcoran was limited by left leg pain, worse with sitting. It was Dr. Romano's assessment that Ms. Corcoran's prognosis was guarded due to her pregnancy.

Dr. Romano reported that treatment was not helpful and was discontinued largely due to Ms. Corcoran's financial status.

Concerning functionality, Dr. Romano expressed the opinion that his contact was too limited to form any basis for him to assess Ms. Corcoran's functionality.

**DIAGNOSIS AND DISCUSSION:**

1. Low back pain secondary to pregnancy.
2. Hyperemesis.

Colleen Corcoran is a 29-year-old female. The record reports that Ms. Corcoran had a pelvic pregnancy diagnosed in May of 2004. The record reports a prior history of anxiety and depression.

The record reports that Ms. Corcoran had significant symptoms of nausea and vomiting. She developed symptoms of back and leg pain.

Ms. Corcoran's obstetrician referred her to a chiropractor. The chiropractic records indicate that Ms. Corcoran had three chiropractic treatments. She failed to improve and treatment was discontinued due to physical concerns.

Ms. Corcoran was treated in a local Emergency Room for left buttock and leg pain. The record reports she was stressed at work.

Ms. Corcoran continued to have symptoms of nausea and vomiting as well as leg pain. Ultimately she delivered in January of 2005.

The record documents complaints of back and leg pain related to pregnancy. The record is notable for a lack of any objective information. The record does not contain a complete orthopedic neuromuscular examination.

The limitations reported are solely based on Ms. Corcoran's subjective self-reported pain complaints. The record fails to provide any objective evidence of any condition from a musculoskeletal point of view which would require significant restrictions or limitations upon Ms. Corcoran's functionality.

Ms. Corcoran was treated for just three sessions. Dr. Romano's contact was so limited it was Dr. Romano's view that he could not provide a functional assessment.

Dr. Romano did not advise a discontinuation of treatment. In any case, there is no objective basis to recommend chiropractic for pregnancy-related back pain.

The record documents issues of stress at work. These psychosocial issues may have adversely impacted Ms. Corcoran's self perceived functionality.

The record documents treatment for anxiety and depression. There is insufficient information in the record to support functional limitations based on these diagnoses as there is little psychiatric or psychological information included in the record.

The record does not include any objective evidence of impairment requiring functional restrictions.

From 7/21/04 to 10/17/04 and beyond there is no evidence of any medical condition or impairment that requires any functional limitations.

In summary, based on all the available medical evidence from 7/21/04 to 10/17/04 and beyond, there is no medical basis to support a requirement for functional limitations and restrictions.

*Andrea J. Wagner, MD*

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(Corcoran, C)a